

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action			<b>Date of This Filing</b> <u>10/08/2018</u>	Date Stamp      Page 1 of 6	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (310)576-1233	<b>I.D. NUMBER</b> (if applicable) 1399958	<b>Report No.</b> <u>35</u>			
<b>STREET ADDRESS</b>  					
<b>CITY</b> Los Angeles	<b>STATE</b> CA	<b>ZIP CODE</b> 90024	<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
			<b>No. of Pages</b> <u>6</u>		

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/05/2018	AIDS Healthcare Foundation Los Angeles, CA 90028  ID# 1281664 Memo Reference: NON:S497:1244	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$8,274.30
10/05/2018	AIDS Healthcare Foundation Los Angeles, CA 90028  ID# 1281664 Memo Reference: NON:S497:1248	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,500.00
10/06/2018	AIDS Healthcare Foundation Los Angeles, CA 90028  ID# 1281664 Memo Reference: NON:S497:1245	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$7,355.21

### \*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action			<b>Date of This Filing</b> <u>10/08/2018</u>	Date Stamp       Page 2 of 6	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (310)576-1233	<b>I.D. NUMBER</b> (if applicable) 1399958	<b>Report No.</b> <u>35</u>			
<b>STREET ADDRESS</b>  					
<b>CITY</b> Los Angeles	<b>STATE</b> CA	<b>ZIP CODE</b> 90024	<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
			<b>No. of Pages</b> <u>6</u>		

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/06/2018	AIDS Healthcare Foundation Los Angeles, CA 90028  ID# 1281664 Memo Reference: NON:S497:1249	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$6,000.00
10/07/2018	AIDS Healthcare Foundation Los Angeles, CA 90028  ID# 1281664 Memo Reference: NON:S497:1246	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$7,340.60
10/07/2018	AIDS Healthcare Foundation Los Angeles, CA 90028  ID# 1281664 Memo Reference: NON:S497:1247	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,494.81

### \*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action			<b>Date of This Filing</b> <u>10/08/2018</u>	Date Stamp       Page 3 of 6	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (310)576-1233	<b>I.D. NUMBER</b> (if applicable) 1399958	<b>Report No.</b> <u>35</u>			
<b>STREET ADDRESS</b>  					
<b>CITY</b> Los Angeles	<b>STATE</b> CA	<b>ZIP CODE</b> 90024	<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
			<b>No. of Pages</b> <u>6</u>		

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/07/2018	AIDS Healthcare Foundation Los Angeles, CA 90028  ID# 1281664 Memo Reference: NON:\$497:1250	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,250.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

### \*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action			<b>Date of This Filing</b> 10/08/2018	Date Stamp	<b>CALIFORNIA FORM 497</b>
<b>AREA CODE/PHONE NUMBER</b> (310)576-1233		<b>I.D. NUMBER (if applicable)</b> 1399958			
<b>STREET ADDRESS</b>			<b>Report No.</b> 35	Page 4 of 6	For Official Use Only
<b>CITY</b> Los Angeles			<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>STATE</b> CA			<b>No. of Pages</b> 6		
<b>ZIP CODE</b> 90024					

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment:

Memo Reference: NON:S497:1250  
in-kind contribution

---

Memo Reference: NON:S497:1247  
in-kind contribution

---

Memo Reference: NON:S497:1246  
in-kind contribution

---

Memo Reference: NON:S497:1249  
in-kind contribution

---

---

Memo Reference: NON:S497:1245  
in-kind contribution

---

Memo Reference: NON:S497:1248  
in-kind contribution

---

Memo Reference: NON:S497:1244  
in-kind contribution

---

---

---